



GIFT TRANSMITTAL - INTERNAL

IMPORTANT: Attach original supporting documentation and copies of other correspondence and envelopes



Method of PAYMENT: ☐ CASH ☐ CHECK ☐ CREDIT CARD ☐ SECURITIES

Check if: ☐ *Grant* Or ☐ *Endowment*. If an Endowment, is new trust agreement needed? ☐

If New Grant or Endowment, Attach University Trust Fund Agreement. Find form: <http://web.sonoma.edu/finance/forms-policies/>

If gift is a Pledge, a Gift in Kind or a Bequest, See forms link instead: <http://web.sonoma.edu/development/forms.html>

RECEIVED FROM: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT				
Donor Name:		Pronouns/Title:		
		ALUMNI <input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF <input type="checkbox"/> Fdn. Board/Volunteer <input type="checkbox"/> GMC Advisory Board <input type="checkbox"/> FRIEND <input type="checkbox"/>		
Additional Donor:		Pronouns/Title:		
		ALUMNI <input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF <input type="checkbox"/> Fdn. Board/Volunteer <input type="checkbox"/> GMC Advisory Board <input type="checkbox"/> FRIEND <input type="checkbox"/>		
Acknowledgement Address:				
City:	State:	Zip:	Phone:	Email:

If Gift from Entity:	<input type="checkbox"/> CORPORATION <input type="checkbox"/> FOUNDATION <input type="checkbox"/> DAF <input type="checkbox"/> Other:			
Company/Organization Name:				
Contact Person:	Title:			
Acknowledgment Address:				
City:	State:	Zip:	Phone:	Email:

PERTINENT Donation Info:	
Name of Gift SOLICITOR(S):	<input type="checkbox"/> Check if Donor wants to be ANONYMOUS <input type="checkbox"/> Check if just this gift is to be ANONYMOUS
Purpose of Gift:	<input type="checkbox"/> If Fund not known, is new fund needed?

Fill this out for Green Music Center Gifts :				
Indicate Fund ID	Indicate Campaign Code	Program Code:	Class Code:	Project Code:

Fill this out for Athletics Department Gifts :				
Indicate Fund ID	Indicate Campaign Code	Program Code:	Indicate Appeal Id:	Project Code:

Fill This out for All Other Gifts:				
Indicate Fund ID	Indicate Campaign Code	Program Code:	Indicate Appeal Id:	Project Code:

New Gift: Amt \$	Date Received at SSU	<input type="checkbox"/> In HONOR (or) <input type="checkbox"/> In MEMORY of:	HARD credit to:
		Send TRIBUTE NOTICE to:	SOFT credit to:
Benefits: Did the donor receive any benefit in exchange for this payment?			
Yes <input type="checkbox"/> If YES, indicate value \$ Net Contribution \$ Describe Benefit Level			
No <input type="checkbox"/> If No, Benefits were declined by Donor.			

Authorized Director, Designee:

Name:

Signature: _____

EXT #:

Date: